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**APPLICANTS**

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CT

**\*\* CONTINUING DATA \*\*\*\*\***

verified CT

This application is a CON of PCT/JP02/03210 03/29/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2001-097116 03/29/2001

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

12/04/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>CT</u> Examiner's Signature Initials				

**ADDRESS**

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**TITLE**

DIAGNOSTIC X-RAY SYSTEM

<b>FILING FEE RECEIVED</b> 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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